

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593276

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15			1	3	
16					
17			1	3	
18					
19					
20					
21					
22			1		
23			1		
24			1		
25					
26					
27			1		
28					
29					
30					
31					
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41					
42					
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44					
45					
46					
47					
48					
49					
50					
TOTAL IND.			5		
TOTAL DEP.			31		
TOTAL CLAIMS			36		

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
51					
52					
53					
54					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					